



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PERRY COUNTY MEMORIAL HOSPITAL

City of Hospital: Tell city

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Jim Childers

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Medicare Provider Number: 151322

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|  |                   |
|--|-------------------|
| Inpatient Patient Service Revenue          | \$15931931        |
| Outpatient Patient Service Revenue         | \$77481954        |
| <b>Total Gross Patient Service Revenue</b> | <b>\$93413885</b> |

2. Deductions From Revenue

|                         |                   |
|-------------------------|-------------------|
| Contractual Allowance   | \$53416285        |
| Other Deductions        | \$1257869         |
| <b>Total Deductions</b> | <b>\$54674154</b> |

3. Total Operating Revenue

|                                |                   |
|--------------------------------|-------------------|
| Net Patient Service Revenue    | \$38739731        |
| Other Operating Revenue        | \$1894284         |
| <b>Total Operating Revenue</b> | <b>\$40634015</b> |

4. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$13726884 | Employee Benefits | \$3827628 |
| Depreciation and Amortization | \$2646347  | Interest Expense  | \$1200484 |

|                          |            |                |            |
|--------------------------|------------|----------------|------------|
| Bad Debt                 | \$2476227  | Other Expenses | \$16423491 |
| Total Operating Expenses | \$40301061 |                |            |

#### 5. Net Revenue and Expenses

|                                   |          |                   |            |
|-----------------------------------|----------|-------------------|------------|
| Excess Revenue over Expenses      | \$332954 | Total Assets      | \$63552042 |
| Net Non-operating Gains over Loss | \$81046  | Total Liabilities | \$42515646 |
| Total Net Gains                   | \$414000 |                   |            |

#### Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$41923786            | \$25557006            | \$16366780                    |
| Medicaid         | \$16756626            | \$14156586            | \$2600040                     |
| Other Government | \$491858              | \$234226              | \$257632                      |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$28793328            | \$12034008            | \$16759320                    |
| Total            | \$87965598            | \$51981826            | \$35983772                    |

#### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$0                         | \$0                     |

#### Statement Four: Research Statement

|  | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|--|----------------------------|-----------------------------|-------------------------|
|  |                            |                             |                         |

|          |     |     |     |
|----------|-----|-----|-----|
| Research | \$0 | \$0 | \$0 |
|----------|-----|-----|-----|

Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$0                         | \$0                     |

|   |     |
|---|-----|
| Number of Medical Professionals Trained                 | \$0 |
| Number of Hospital Patients Educated                    | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

|                          |     |
|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$0                    |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$0                    | \$0                            |
| Medicaid Shortfalls       | \$0                   | \$0                    |                                |
| Subtotal                  | \$0                   | \$0                    | \$0                            |
| DSH Payments              | \$840,977             |                        |                                |
| Subtotal                  | \$840977              | \$0                    | \$840977                       |
| Medicare Shortfalls       | \$0                   | \$0                    |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$840977              | \$0                    | \$840977                       |

Statement Seven: Subsidized Health Services for the Community

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$0                         | \$0                     |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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